

DIKE, BRONSTEIN, ROBERTS & CUSHMAN
130 Water Street
Boston, Massachusetts 02109

Attorney's Docket No. STR-4465-CIP2

Page 1 of 4

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed at 201) below or an original, first and joint inventor (if plural names are listed at 201-208 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MHC COMPLEXES AND USES THEREOF

which is described and claimed in:

- ☐ the specification attached hereto.
- ☐ the specification in U.S. Application Serial Number _____,
filed on _____, 199____.
- ☒ the specification in PCT international application Number PCT/US95/09816, filed on 31 July 1995.
and was amended under PCT Article 19 on _____, 199____.
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. 119:			
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. 119?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

DIKE, BRONSTEIN, ROBERTS & CUSHMAN
130 Water Street
Boston, Massachusetts 02109

Page 2 of 4

DECLARATION AND POWER OF ATTORNEY

Prior U.S. Applications or PCT International Applications Designating the U.S.-Benefit Under 35 U.S.C. §120					
U.S. Applications		Status (Check One)			
Application Serial No.	U.S. Filing Date	Patented	Pending	Abandoned	
08/283,302	29 July 1994		X		
08/382,454	01 February 1995		X		
PCT Applications Designating the U.S.					
Application No.	Filing Date	U.S. Serial No. Assigned			
PCT/US95/09816	31 July 1995			X	

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Louise S. Pearson (Reg. No. 32,369)
Cynthia G. Tymeson (Reg. No. 34,745)
Linda M. Buckley (Reg. No. 31,003)

Peter F. Corless (Reg. No. 33,860)
David S. Resnick (Reg. No. 34,235)

SEND CORRESPONDENCE TO: Louise S. Pearson, Esq. Dade International, Inc. P.O. Box 778 1717 Deerfield Road Deerfield, Illinois 60015-0778	DIRECT TELEPHONE CALLS TO: Louise S. Pearson (708) 267-5300
--	--

DIKE, BRONSTEIN, ROBERTS & CUSHMAN
130 Water Street
Boston, Massachusetts 02109

Page 3 of 4

DECLARATION AND POWER OF ATTORNEY

2 0 1	FULL NAME OF INVENTOR	LAST NAME Wong	FIRST NAME Hing	MIDDLE NAME C.
	RESIDENCE & CITIZENSHIP	CITY Fort Lauderdale	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2966 Wentworth	CITY Fort Lauderdale	STATE OR COUNTRY AND ZIP CODE Florida 33332
2 0 2	FULL NAME OF INVENTOR	LAST NAME Rhode	FIRST NAME Peter	MIDDLE NAME R.
	RESIDENCE & CITIZENSHIP	CITY Miami	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 14857 SW 42nd Lane	CITY Miami	STATE OR COUNTRY AND ZIP CODE Florida 33185
2 0 3	FULL NAME OF INVENTOR	LAST NAME Weidanz	FIRST NAME Jon	MIDDLE NAME A.
	RESIDENCE & CITIZENSHIP	CITY Miami	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 820 SW 141st Avenue	CITY Miami	STATE OR COUNTRY AND ZIP CODE Florida 33184
2 0 4	FULL NAME OF INVENTOR	LAST NAME Grammer	FIRST NAME Susan	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Coral Gables	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 133 Santander Avenue	CITY Coral Gables	STATE OR COUNTRY AND ZIP CODE Florida 33134
2 0 5	FULL NAME OF INVENTOR	LAST NAME Edwards	FIRST NAME Ann Ana 11/17/95 ace	MIDDLE NAME C.
	RESIDENCE & CITIZENSHIP	CITY Miami	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP United States Spain 11/17/95 ace
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 19510 NW 62 Pl. 11/17/95 ace	CITY Miami	STATE OR COUNTRY AND ZIP CODE Florida 33015
2 0 6	FULL NAME OF INVENTOR	LAST NAME Chavaillaz	FIRST NAME Pierre-Andre	MIDDLE NAME 3129196 P.F.G.
	RESIDENCE & CITIZENSHIP	CITY Cooper City	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP China Switzerland
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10939 Main Sail Drive	CITY Cooper City	STATE OR COUNTRY AND ZIP CODE Florida 33026

DIKE, BRONSTEIN, ROBERTS & CUSHMAN
130 Water Street
Boston, Massachusetts 02109

Page 4 of 4


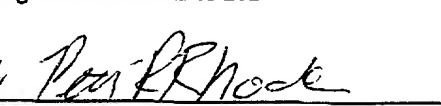

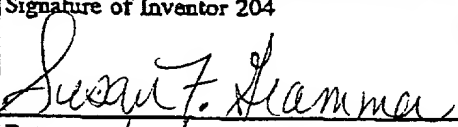
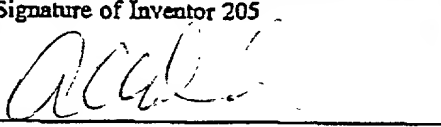
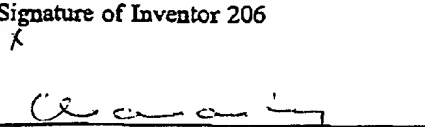
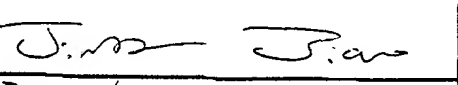
DECLARATION AND POWER OF ATTORNEY

2 0 7	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE
		Jiao	Jin-An	JJ
		Fort Lauderdale	Florida	Canada China
		121 West Bay Bridge Drive	Fort Lauderdale	Florida 33326

2 0 8	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE

2 0 9	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201 	Signature of Inventor 202 	Signature of Inventor 203 γ 
Date 11/17/95	Date 11/17/95	Date 11/17/95
Signature of Inventor 204 	Signature of Inventor 205 	Signature of Inventor 206 
Date 11/10/95	Date 11/17/95	Date 11/17/95
Signature of Inventor 207 \times 	Signature of Inventor 208	Signature of Inventor 209
Date Nov 17, 1995	Date	Date